

OSP-ISS Livescan Implementation Check-off Sheet

AGENCY NAME _____ DEVICE MNEMONIC _____

<u>Yes</u> <u>N/A</u> <u>Affidavit Received</u>	<u>Date</u>	<u>Initials</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Received an “Intent to Connect to OSP-ISS with a Livescan Device”	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has or has access to and meets latest specification documents	_____	_____
Oregon Livescan Specification	Version _____	
WIN EFTS Manual	Version _____	
FBI EFTS Manual	Version _____	
NIST Manual	Version _____	
WIN NIST Device Implementation Guide	Version _____	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Received an “Oregon Livescan Connection Request”	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> “Oregon Livescan Connection Request” has been approved by OSP-ISS	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Livescan device Mnemonic has been assigned and relayed	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notification of and Coordination with other agencies completed	_____	_____
DARCOMM	Who: _____ Date: _____	
NEC	Who: _____ Date: _____	(provide device mnemonic)
WIN	Who: _____ Date: _____	
FBI	Who: _____ Date: _____	
LEDS	Who: _____ Date: _____	
Agency	Who: _____ Date: _____	
Livescan Vendor	Who: _____ Date: _____	
OSP Network Mgr	Who: _____ Date: _____	
ISS Staff/Mgrs	Who: _____ Date: _____	
Send Lookup Tables to Vendor/Agency		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ORS Lookup Table Sent	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ORI Lookup Table Sent	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason Fingerprinted Table Sent	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dispo Codes Table Sent	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hardware (capture device & printer) meets FBI Certification requirements	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Agency Firewall to OSP-ISS Firewall VPN established correctly	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Livescan Device is appropriately isolated from the public Internet	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Livescan Device is appropriately isolated from the local Intranet	_____	_____

Appendix J – Implementation Check-off Sheet

Livescan Device is utilizing appropriate Virus Checking Software _____

Block of Criminal FPN's has been issued _____
 Range of FPN's issued From: _____ To: _____

Testing has been scheduled _____
 Test dates From: _____ To: _____

Test Criminal Cards

- Basic Test _____
- Extra Charges _____
- Extra Dispositions _____
- Extra Identifiers _____
- Long Name/Aliases _____
- Excessive Data _____
- Palm Card _____

Test Applicant Cards

- Basic Test _____
- Extra Identifiers _____
- Long Name/Alias _____

Test ability to update ORS, ORI, Reason Fingerprinted and Dispo Code Tables

- ORS Lookup Table Updated _____
- ORI Lookup Table Updated _____
- Reason Fingerprinted Lookup Table Updated _____
- Dispo Code Lookup Table Updated _____

Test ability to generate appropriate TCN's/FPN's

- Criminal TCN with the current eight digit FPN _____
- Criminal TCN with the new eleven digit FPN _____
- Non-Criminal TCN that is separate from the Criminal TCN's _____

Final Approval/Notification Letter Sent: _____
 Type of Approval: _____ Criminal _____ Applicant